

‘over-seamed’ to the peritoneum, the mesentery is divided and the colon drawn out into the incision and an opening made through the meso colon, care being taken to spare the vessels. The abdominal cavity is closed behind the isolated portion of intestinal tube in such a manner as not to interfere with its circulation, 2 or 3 sutures being applied to the left as well as to the right of the prolapsed colon. This latter can be opened in a transverse direction after the lapse of 4 to 6 days, or it may be resected.

There is one palpable objection to this procedure, and it is pointed out by the author. It can only be done upon the transverse colon, for it pre-supposes a somewhat moveable section of intestinal canal.—*Centralblatt f. Chirurgie*, No. 18, 1888.

G. R. FOWLER (Brooklyn.)

BONES, JOINTS, ORTHOPÆDIC.

I. Conservative Treatment of Ichorous Inflammation of the Knee-Joint. By DR. JULIAN A. KOSMOVSKY (Arkhangelsk, Russia).—A male peasant, æt. 33, of middling make and health, accidentally wounded his left knee with a carpenter’s axe, the wound measuring two inches, and being situated 3 cm. outward from the upper third of the patella. The injury was followed by moderately severe bleeding which was stopped by freely pouring commercial concentrated nitric acid into the wound. For a few days a considerable quantity of a sanguinolent synovial fluid was escaping from the incision, the man staying at home, but otherwise regarding the whole matter as a mere trifle. In a week or so the wound “healed,” as he thought, and accordingly he returned to his heavy work. On the next day, however, the wound “opened” again (the scab, probably, fell off) to profusely discharge thenceforward pus mixed with synovial secretion, while there appeared intense pains and swelling, accompanied with fever. The symptoms rapidly growing intolerable even for a Russian peasant (whose patience and endurance are truly phenomenal), the man sought his admission to the Emperor Alexander’s Hospital. On examination on the eleventh day after the accident, his knee was found to be flexed and mightily swollen, tense and red, exceedingly

painful and tender, the whole limb being œdematous and the wound looking unclean and discharging offensive thin pus. Having brought the patient under chloroform Dr. Kosmovsky straightened the knee, washed the whole very dirty extremity with a sublimate lotion, applied an iodoform dressing and fixed the limb in a wire splint. In spite of the application of ice and the administration of quinine and salicylate of sodium, the pain increased, the discharge remained offensive and fever assumed a hectic type, while there supervened obstinate cough, profuse night sweats, and an alarmingly progressive prostration. On the twenty-fourth day (after the lesion) the wound was enlarged sufficiently to freely admit a finger, and the joint cavity explored. It was found that the articular capsule was thickened, while the synovial membrane was covered with unhealthy flabby granulation and friable decomposing fibrinous deposit, but the articular ends of the bones were thickened, and the cartilages roughened, but comparatively very slightly. Taking into consideration the disease being essentially localized in the synovial structure, Dr. Kosmovsky resolved to postpone any major surgical procedure for a day or two, and first to give a trial to a conservative method. Accordingly, he thoroughly washed out the joint with a sublimate (1 : 1000) and a carbolic (5 : 100) solution (by means of Esmarch's jug), then introduced a drainage tube, powdered the cavity with iodoform, and applied iodoform dressing with elastic bandage. A striking improvement took place immediately; about evening the temperature fell (from 40° C.) to 38° C., the pain ceased, the man could soundly sleep without any hypnotics, there appeared appetite, etc. On the eleventh day the dressing was changed and the joint washed out with the sublimate lotion. About a month after the operation the drainage was removed; two weeks later the wound closed completely. The limb, however, was kept bandaged and immobile for other two months or so. About three months after the operation the man left quite well, with an anchylosed, but otherwise healthy looking joint. When seen a month later he was still walking about with two crutches, but Dr. Kosmovsky feels sure that with time the patient will walk easily without any support, though will remain lame forever. Analyzing his very instructive case, the author

points out 1, that a conservative treatment may prove successful even in seemingly hopeless cases of a neglected ichorous inflammation of injured large joints. As is known, Esmarch, Volkmann, Billroth, Kolomnin, Albert, Heitzmann and other authorities recommend under similar circumstances, either resection of the joint or an amputation of the limb above the articulation affected; 2, that a successful issue in cases like the above adduced must be attributed solely to adoption of strictest antiseptic rules; 3, that in every one and all of those seemingly hopeless cases, the surgeon's moral duty is to make an attempt at preserving the patient's limb, before resorting to any grave mutilation as involved by resection or amputation.---*Proceedings of the Arkhangel'sk Medical Society for 1887*, vol. ii, 1888.

VALERIUS IDELSON (Berne.)

II. Contribution to the Surgery of the Joints. By P. SENDLER (Magdeburg). The author gives at length the histories of fifteen operations on the knee in 13 patients. Most patients being children two and a half to four years of age, adults, twenty to thirty-five years. Fifteen operations were performed, the disease affecting both knees in two patients. Four of these operations were arthrotomies; with two exceptions tuberculosis was the indication for operative interference. In five cases in which an attempt was made to obtain favorable ankylosis four were successful. In those cases where tuberculosis of both knee-joints was present ankylosis was desired in one knee only and obtained. There is nothing new brought forward in the paper.—*Deutsch Zeitschr f. Chir.* bd. 27, heft. 3 and 4.

HENRY KOPLIK (New York).

III. "Resectio Dorsalis Tarso-Metatarsæa." A New Operative Procedure. By R. GRITTI. This operation is designed for the removal of the basis of the metatarsal and the adjoining tarsal bones. The operation is performed as follows: A cross incision of the skin is made over the instep, somewhat above the basis of the metatarsal bones; at each end of this an incision is carried, the one along the outer and the other along the inner border of the foot. These, when completed, should mark out a letter H. The two rect-